

BLAFOO

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

| | |
|---|--------------------------------------|
| PLAINTIFF United States of America | COURT CASE NUMBER 16-02383 |
| DEFENDANT LESLIE JENNINGS, Administratrix of the Estate of Rachel F. Boose Deceased | TYPE OF PROCESS HANDBILL |

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
LESLIE JENNINGS, Administratrix of the Estate of Rachel F. Boose Deceased
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)
RR2 Box 181B a/k/a 5507 Berwick Turnpike Columbia Cross Roads, PA 16914

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

KML Law Group, P.C.
 701 Market
 Suite 5000
 Philadelphia, PA 19106

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 9/30/2017.

Signature of Attorney other Originator requesting service behalf of: ☒ PLAINTIFF ☐ DEFENDANT
 TELEPHONE NUMBER 215-627-1322
 DATE 8/4/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|-------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 67 | District to Serve No. 67 | Signature of Authorized USMS Deputy or Clerk [Signature] | Date 8/4/2017 |
|---|---------------------------|-------------------------------------|------------------------------------|--|-------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **9/13/17** Time **13:05** ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

| | | | | | |
|--------------------------------|---|---------------------|----------------------------------|------------------|--|
| Service Fee \$180.00 | Total Mileage Charges including endeavors \$84.00 | Forwarding Fee — | Total Charges \$264.00 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 |
|--------------------------------|---|---------------------|----------------------------------|------------------|--|

REMARKS:

1 DVM, 3 hrs, 150 miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

FILED
 HARRISBURG, PA
 SEP 21 2017

Form USM-285
Rev. 12/80